

Order form for ILTCIP materials

Please make check payable to **Treasurer - State of Indiana.**

Mail your check and this completed form to:

Pam Atherton
Indiana Long Term Care Insurance Program, MS-07
402 W. Washington St. Room W382
Indianapolis, IN 46204

Please print legibly.

Name_____

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Please send me _____ copies of the ILTCIP Video at \$ 8.50 each \$ Total _____
This 10-minute video, produced in October 2002, provides an
attractive general introduction to long term care insurance and the ILTCIP.

Please send me _____ packs of the ILTCIP Booklet at \$20 (per pack of 20) \$ Total _____
"What you should know about long term care" is an easy-to-read
overview of ILTCIP and long term care insurance. (2001 edition)

Please send me _____ packs of the ILTCIP Brochure at \$ 7.50 (per pack of 50) \$ Total _____
"Your peace of mind" provides an overview of the ILTCIP in a tri-fold
brochure format. (1/01 edition)

Please send me _____ copies of the agent manual at \$ 7.00 each \$ Total _____
Contains ILTCIP, as well as regular LTC, regulations. (9/98 edition)

Please send me _____ copies of the Partnership Guide for Agents at \$6.50 each.
Comprehensive guide with marketing ideas and examples to aid in being a successful
agent partner. (11/02 edition) \$ Total_____

Grand Total \$_____